

# Interprofessional Consultations

It's important to know these coding rules.

BY JEFFREY LEHRMAN, DPM

**P**odiatrists are often asked to engage in interprofessional consultations. When this occurs, there are CPT codes that should be considered when coding to represent the work that was performed, when appropriate. Some of these CPT codes include:

**CPT® 99446**—*Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review*<sup>1</sup>

**CPT® 99447**—*Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review*<sup>1</sup>

**CPT® 99448**—*Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review*<sup>1</sup>

**CPT® 99449**—*Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review*<sup>1</sup>

some form of “management” during the consultation. Only a physician may submit CPT 99446–99451. Podiatrists are defined as “physicians” in Medicare under Section 1861(r)(3) of the Social Security Act.

The difference between CPT 99446–99449 and CPT 99451 is CPT 99446–99449 requires the consulting physician to provide a verbal opinion

**The consulting physician needs to provide some form of “management” during the consultation.**

**CPT® 99451**—*Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time*<sup>1</sup>

A consulting physician may submit these CPT codes if the consulting physician was contacted by a referring provider via telephone, internet communication, or through electronic health record communication; and the consulting physician communicates with the referring provider about the case and sends a written report to the referring provider regarding this communication; and the consulting physician documents the event. The consulting physician needs to provide

and written report to the referring provider. CPT 99451 only requires the consulting provider to provide a written report to the referring provider.

These CPT codes can only be used by the consulting physician if the consulting physician and referring provider are different provider types. These CPT codes may not be used by the consulting physician if the consulting physician had a face-to-face encounter with the patient in the previous 14 days, or if the consultation leads to the patient having a face-to-face encounter with the consulting physician in the next 14 days. These CPT codes may also not be used by the consulting physician if the consultation leads to a transfer of care from the referring provider to the consulting physician. When using

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these CPT codes, more than 50% of the service time reported must be devoted to the medical consultative verbal or internet discussion. The ser-

provider requesting the consultation of a physician of another specialty. To use this code, the requesting provider must spend between 16 and 30 minutes preparing for the referral and/or communicating with the consultant. This

cannot be used when transferring care of the patient to a consultant. When submitted, it is important to document exactly what was performed, all the steps of information sharing and communication, and how much time was spent. CPT 99452 cannot be submitted the same day as an in-person evaluation and management service. **PM**

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vice must last 5 minutes or more to use the CPT codes listed above.

There is another CPT code in the “Interprofessional Telephone/Internet/Electronic Health Record Consultations” section of the CPT Professional book:

**CPT® 99452**—*Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes*<sup>1</sup>

This CPT code may be used by the

preparation could include gathering of documents/patient information, transmitting these to the consultant, and drafting and sending additional communication to the consultant regarding the request. This time may also include interactive communication with the consultant, like a phone call. This CPT code may not be reported more than once in a 14-day period for the same patient. This may not be used for a transfer of care, so it can be used when requesting input from a consultant but

## References

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